

227



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2005 SEP 19 AM 10:14

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

3 Shadow Builders

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>John Yeates</u>	<u>1335 Bower Dr. Idaho Falls, ID 83404</u>
<u>Shawn Owens</u>	<u>2165 St. Clair Rd. Idaho Falls, ID 83404</u>
<u>Nate Taylor</u>	<u>14257 N. 115E. Idaho Falls, ID 83404</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input checked="" type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

~~3 Shadow Builders~~ 3 Shadow Builders
2165 St. Clair Rd
Idaho Falls, ID 83404

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

(208) 257-7005

Signature: *Shawn Owens*
(Signature required)

Printed Name: Shawn Owens

Capacity/Title: owner/partner
(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
09/19/2005 05:00
CK: 615771 CT: 172899 DH: 912334
1 @ 25.00 = 25.00 ASSUMED NAME # 2

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